

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097530579** FILING DATE **28 AUG 2000**

APPLICANT(S) *Malmkrist*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		2		/		
5		6		/		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	8		6			
TOTAL CLAIMS	9		7			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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